

State of Indiana Retirement Incentive Plan Public Employees' Retirement Fund

Request for Estimate of Benefits

PRIVACY NOTICE

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

Step 1: Member Information and Address							
Social Security Number	Da	Date of Birth (mm/dd/yyyy)					
	MI	Last Name					
T HOLINGHIO		Last Name					
Address		'					
City		State	Zip Code				
Home Telephone Number	Ot	 her Telephone Num	ber				
E-mail Address							
Step 2: Retir	eme	nt Informat	tion				
Anticipated date for beginning benefits (Mor Anticipated last day at work (Month/Day/Year) The law states that a member who is eligible for normal their benefit begins if the following conditions are met 1. The date must be after the cessation of their solutions. The retirement is not more than six months be	or early	retirement is enti	tled to choose a retirement date on which				
Step 3: Bene	ficia	ry Informa	tion				
Social Security Number	Da	te of Birth (mm/dd/y	ууу)				
First Name	MI	Last Name					
Relationship to Member		1					
Signature of Member		Date					

Step 4: Employer Certification of Creditable Service and Authorized Leave Part 1: Active Service and Paid Leave List current or most recent position first. If the PERF-covered employment was continuous, complete only the first line below. However if the employee terminated employment and was re-hired in a PERF-covered position, you should list seach different period of covered employment. You should also include all periods of paid authorized leave here. Title of PERF-covered Position (Use a separate line for each position) Part 2: Authorized Unpaid Leave (Use a separate line for each position) Part 2: Authorized Unpaid Leave (Use a separate line for each leave) Part 2: Authorized Unpaid Leave (Use a separate line for each leave) Part 3: Authorized Unpaid Leave (Use a separate line for each leave) Beginning Date of Leave								
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State of Indiana Retirement Incentive Program

Public Employees' Retirement Fund Request for Estimate of Benefits

Instructions for Completion

- 1. If you are a state employee who would like an estimate that includes any additional years of service that the State will purchase on your behalf under the State of Indiana Retirement Incentive Program, you must do the following: (a) complete Steps 1, 2, and 3 of this form, and (b) have your Human Resources office certify your service on the Employer Section (Step 4) of the form.
- 2. Because estimates are prepared based on current information, actual benefits received at the time of retirement may differ.
- 3. Anticipated date for beginning benefits. Benefits cannot begin earlier than the first day of the first full month after the last day of work. For example, if your last day of work is January 1st, the earliest benefits can begin is February 1st. If your last day of work is January 31st, the earliest benefits can begin is February 1st. Also, we are not allowed to pay retroactive benefits for more than six months prior to the date your retirement application is received.
- 4. Beneficiary Information. If no beneficiary information is provided, we will provide estimates only for Options 10, 20, and 71. A complete explanation of the Retirement Options and your choices for payment of your Annuity Savings Account may be found in the PERF Member Handbook.
- 5. When you have completed this form and your employer has completed the certification of state service, mail this form to:

Public Employees' Retirement Fund 143 West Market Street Attention: Marty Montgomery Indianapolis, IN 46204